PAGE 1 / 10

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authori	zed Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, to over the lines.	ype 12FE4M5	
Joel Lewis for Con	gress			1
ADDRESS (number and stre	2103 3rd St. et)			
Check if different				
than previously reported. (ACC)	Wausau 		WI54	1403
2. FEC IDENTIFICATIO	ON NUMBER ▼	CITY	STATE	ZIP CODE
C C00616219		S THIS NEW (N)	AMENDE (A)	STATE ▼ DISTRICT WI 07
4. TYPE OF REPOR	(b) 1	2-Day PRE-Election Report f	or the:	
(a) Quarterly Reports	S:	X Primary (12P)	General (12	G) Runoff (12R)
April 15 Quar	terly Report (Q1)	Convention (120	Special (129	3)
July 15 Quar	terly Report (Q2)	Convention (120	Special (123	3)
October 15 C	Quarterly Report (Q3)	Election on	08 / Y Y Y Y Y 2016	in the WI State of
January 31 Y	ear-End Report (YE) (c) 3	0-Day POST -Election Report	for the:	
		General (30G)	Runoff (30R	Special (30S)
Termination F		Election on) D / Y Y Y Y	in the State of
5. Covering Period	M M M / D D / Y Y Y O1	016 through	M M / D D / 27	y y y y y 2016
I certify that I have examir	ned this Report and to the be	st of my knowledge and belie	ef it is true, correct and	complete.
Type or Print Name of Tre	asurer Gabriel Alex Peterson			
Signature of Treasurer	Gabriel Alex Peterson	[Electronically Filed	Date Date	/ 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false,	erroneous, or incomplete inform	mation may subject the person	signing this Report to the	penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

2016

of Receipts and Disbursements

01

07

PAGE 2 / 10

2016

07

27

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

J	loel Lewis for	Congress	

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 347.03 6488.26 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 347.03 6488.26 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 749.61 6608.26 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 749.61 6608.26 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 180.13 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 300.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 10

Write or Type Committee Name

Joel Lewis for Congress

07 07 2016 01 2016 27 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 72.03 5918.62 (i) Itemized (use Schedule A)..... 554.64 275.00 (ii) Unitemized..... (iii) TOTAL of contributions 347.03 6473.26 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 15.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 347.03 6488.26 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 300.00 300.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 300.00 300.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.13 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 6788.39 647.03 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	749.61	6608.26	
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	
	(b) Of All Other Loans	0.00	0.00	
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other	0.00		
	Than Political Committees	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00	
21.	OTHER DISBURSEMENTS	0.00	0.00	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	749.61	6608.26	
	III. CASH SUI	MMARY		
23.	CASH ON HAND AT BEGINNING OF REPORT	TING PERIOD	282.71	
24	TOTAL RECEIPTS THIS PERIOD (from Line 10	6, page 3)	647.03	
25.	SUBTOTAL (add Line 23 and Line 24)		929.74	
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	ı Line 22)	749.61	
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		180.13	

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 5 OF 10 Use separate schedule(s) (check only one) **X**|_{11a} 11b 11d 11c 12

for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Joel Lewis for Congress Full Name (Last, First, Middle Initial) ActBlue Date of Receipt Mailing Address P.O. BOX 441146 2016 17 City State Zip Code Transaction ID: SA11AI.4261 MA 02144 Somerville FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 24.01 Name of Employer Occupation Memo Item Receipt For: 2016 Election Cycle-to-Date X General Primary 600.24 Other (specify) Full Name (Last, First, Middle Initial) ActBlue Date of Receipt Mailing Address P.O. BOX 441146 20 2016 City State Zip Code Transaction ID: SA11AI.4262 Somerville MA 02144 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 48.02 Name of Employer Occupation Memo Item Receipt For: 2016 Election Cycle-to-Date Primary Meneral Control 648.26 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 72.03 SUBTOTAL of Receipts This Page (optional)..... 72.03 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Image# 201608089022183558		
SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 10 (check only one) 11a 11b 11c 11d 11d 12 X 13a 13b 14 15
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Joel Lewis for Congress		
WAUSAU FEC ID number of contributing federal political committee. Name of Employer Self-employed Inde	ate Zip Code VI 54403 H6WI07173 upation pendent Contractor tion Cycle-to-Date 315.00	Date of Receipt 07
Full Name (Last, First, Middle Initial) B. Mailing Address		Date of Receipt

	0"	0.1	07 19 2016
	City WAUSAU	State Zip Code WI 54403	Transaction ID : SA13A.4270
	FEC ID number of contributing federal political committee.	C H6WI07173	Amount of Each Receipt this Period 300.00
	Name of Employer Self-employed	Occupation Independent Contractor	Memo Item
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 315.00	
_	Full Name (Last, First, Middle Initial)		Date of Receipt
B.	Mailing Address City	State Zip Code	M = M / D = D / Y = Y = Y
	FEC ID number of contributing federal political committee. Name of Employer Receipt For:	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period Memo Item
	Primary General Other (specify)	, ,	
C.	Full Name (Last, First, Middle Initial)		Date of Receipt
•	Mailing Address	State Zip Code	M = M / D = D / Y = Y = Y
	FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	C Occupation Election Cycle-to-Date	Amount of Each Receipt this Period Memo Item
Г	SUBTOTAL of Receipts This Page (optional)		300.00
T	OTAL This Period (last page this line number of	only)	300.00

SCHEDULE	В	(FEC	Form	3)
ITEMIZED D	ISB	URSE	MEN'	ΓS

Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)		
Joel Lewis for Congress		
Full Name (Last, First, Middle Initial) A. JOEL ANDREW LEWIS Mailing Address 2103 N. 3RD STREET		Date of Disbursement O7 06 2016
City State WAUSAU WI Purpose of Disbursement	Zip Code 54403	Amount of Each Disbursement this Period
Purpose of Disbursement Gas and Traveling Expenses Candidate Name Joel Lewis for Congress Office Sought: House Senate Primary President State: WI District: 07	Meneral Meneral	Memo Item
Full Name (Last, First, Middle Initial) B. JOEL ANDREW LEWIS Mailing Address 2103 N. 3RD STREET		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State WAUSAU WI Purpose of Disbursement Clothing and Apparel Candidate Name Joel Lewis for Congress Office Sought: House Senate President State: WI District: 07	General	Amount of Each Disbursement this Period 62.00 Memo Item Transaction ID : SB17.4247
Full Name (Last, First, Middle Initial) C. JOEL ANDREW LEWIS Mailing Address 2103 N. 3RD STREET		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	X General	Amount of Each Disbursement this Period 103.00 Memo Item Transaction ID: SB17.4250
SUBTOTAL of Disbursements This Page (optional)		265.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 10 (check only one)	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21	
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full) Joel Lewis for Congress			
Full Name (Last, First, Middle Initial) JOEL ANDREW LEWIS Mailing Address 2103 N. 3RD STREET City State WAUSAU WI Purpose of Disbursement Travel Expenses Candidate Name Joel Lewis for Congress Office Sought: House Disbursement For Senate Primary President Other (s	Marcal General	Date of Disbursement M M J J D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) JOEL ANDREW LEWIS Mailing Address 2103 N. 3RD STREET		Date of Disbursement O7 18 2016	
City State WAUSAU WI Purpose of Disbursement Sign Making Supplies Candidate Name Joel Lewis for Congress Office Sought: House Senate Primary President State: WI District: 07	General	Amount of Each Disbursement this Period 40.00 Memo Item Transaction ID: SB17.4255	
Full Name (Last, First, Middle Initial) 2. JOEL ANDREW LEWIS Mailing Address 2103 N. 3RD STREET		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•	X General	Amount of Each Disbursement this Period 250.00 Memo Item Transaction ID : SB17.4256	
SUBTOTAL of Disbursements This Page (optional)		333.00	

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 9 10 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Joel Lewis for Congress Full Name (Last, First, Middle Initial) Date of Disbursement JOEL ANDREW LEWIS 2016 Mailing Address 2103 N. 3RD STREET 23 City State Zip Code Amount of Each Disbursement this Period WI WAUSAU 54403 Purpose of Disbursement Sign Making Supplies and Distribution 108.61 006 Memo Item Candidate Name Category/ Joel Lewis for Congress Type Transaction ID: SB17.4257 2016 Office Sought: House Disbursement For: X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) JOEL ANDREW LEWIS Date of Disbursement Mailing Address 2103 N. 3RD STREET 07 24 2016 City State Zip Code Amount of Each Disbursement this Period WI 54403 WAUSAU Purpose of Disbursement SIgn Distribution Reimbursement 40.00 002 Memo Item Candidate Name Category/ Joel Lewis for Congress Type Transaction ID: SB17.4267 Office Sought: Disbursement For: 2016 House X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement Memo Item Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

148.61

746.61

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 10

X 13a

10

JAN5		Detailed Summary Page	(Crieck only one) 13b
AME OF COMMITTEE (In Full) Joel Lewis for Congress		Transaction	ID : SC/10.4270
LOAN SOURCE Full Name (Last, First, Mic JOEL ANDREW LEWIS	ddle Initial) PERSONAL FUN		ection: 2016 Primary General
Mailing Address 2103 N. 3RD STREET			Other (specify) ▼
City	State ZIP Code	;	
WAUSAU	WI 54403		
Original Amount of Loan	Cumulative Payment To D	ate Balance	Outstanding at Close of This Period
TERMS Date Incurred M07 ^M / D19 ^D / Y 2016 Y	Date Due	Interest Rate 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) to			
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	(Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
3. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, , , , ,
4. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (optional)		>	300.00
FOTALS This Period (last page in this line only	/)	······	300.00
Carry outstanding balance only to LINE 3, Sch	nedule D, for this line. If no	Schedule D, carry forward	to appropriate line of Summary.